

NOTICE OF CHANGE ADDRESS AND/OR NAME

(Fill in the blanks/print/sign and give original to HR Dept.)

AGENCY Benton County

EFFECTIVE DATE: _____

DEPARTMENT _____

NAME _____

DATE OF BIRTH _____ S/S NUMBER _____

NEW ADDRESS (Law Enforcement draw map on back of this form)

STREET _____ APT. or BOX # _____ PHONE # _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (only if different than physical address)

_____ CITY _____ STATE _____ ZIP CODE _____

PLEASE NOTIFY THE FOLLOWING:

- ☐ Benton County Health Insurance
 - ☐ Benton County Dental Insurance
 - ☐ PEBSCO-Deferred Compensation
 - ☐ American Family Life Assurance Company
 - ☐ Arkansas Public Employee Retirement System
- One Union National Plaza
124 West Capitol Suite 400
Little Rock, AR 72201-1015

EMPLOYEE SIGNATURE _____ DATE _____